STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 024

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Buprenorphine Information for Patients

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

This information is to be given to patients who opt for buprenorphine/naloxone treatment and provides information for patients regarding the medication, including its use as a treatment for opioid use disorder, safety issues, its possible interactions with other drugs and medications, how to be inducted onto the medication and other sources of information about medication assisted treatment.

PROCEDURE

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

This information is provided with permission from the Providers' Clinical Support System for Medication Assisted Treatment located in East Providence, RI and should be available to all patients with interest in this form of treatment.

Buprenorphine/Naloxone Maintenance Treatment Information for Patient

Buprenorphine/Naloxone Treatment for Opioid Addiction
Opioid medicines are used for three purposes: pain relief, severe coughing, and for the treatment of addiction to opioid drugs (heroin, prescription pain medicines). Buprenorphine is an opioid medication which has been used as an injection for treatment of pain while patients are hospitalized, for example for patients who have had recent surgery. It is a long acting medication, and binds for a long time to the "mif opioid receptor.

Buprenorphine/naloxone is a combination medication that can be used to treat opioid dependence (addiction). Patients only need to take the medication once daily and some will be able to take this medication less frequently (every other day or every third day). Buprenorphine is not absorbed very well orally (by swallowing) - so a sublingual (dissolve under the tongue) tablet and, more recently, a film containing the medicine that is also absorbed from under the tongue, has been developed for treatment of addiction. Buprenorphine/naloxone tablets also contain naloxone (Narcan) which is an opioid antagonist. Naloxone is poorly absorbed from under the tongue, but if the medication is injected, the naloxone will cause withdrawal symptoms. The reason that naloxone is combined with the buprenorphine is to help discourage abuse of this drug by injection.

Aside from being mixed with naloxone to discourage needle use, buprenorphine itself has a "ceiling" for narcotic effects (it is termed a "partial agonist") which makes it safer in case of overdose. This means that by itself, even in large doses, it doesn't suppress breathing to the point of death in the same way that heroin, methadone and other opioids could. These are some of the unusual qualities of this medication which make it safer to use outside of the usual strict methadone regulations at a clinic and, after stabilization, most patients would be able to take home up to one-four weeks worth of buprenorphine/naloxone at a time. However, this medicine can be dangerous and life-threatening overdose and death have occurred when buprenorphine is mixed with other drugs. It is important not to take street drugs with this medicine, not to drink alcohol to excess, and to tell your doctor that you are taking this drug so that they can be careful about prescribing other medicines with buprenorphine that might have an interaction that could be dangerous. It is up to you to make sure that you inform anyone who is prescribing medication for you of your addiction to opioids and your use of buprenorphine. Buprenorphine is also dangerous for children. It is very important that you keep this medication safely away from any children as life-threatening overdoses have occurred when children take this medicine.

Will Buprenorphine/Naloxone be useful for Patients on Methadone? .
Methadone maintenance patients may be interested in whether this medication might help them. Unfortunately, because of the partial agonist nature of the medication, for some, it is not equivalent in maintenance strength to methadone. In order to even try buprenorphine/naloxone without going into major withdrawal, a methadone-maintained patient would have to taper down to 30 mg of methadone daily or lower. In some cases, buprenorphine may not be strong enough for patients used to high doses of methadone and may lead to increased cravings and the risk of a relapse to opiate use. If you are methadone-maintained and decide to try buprenorphine, please be aware of this risk, and keep the door open for resuming methadone immediately if necessary.

FOR MORE INFORMATION ABOUT MEDICATION ASSISTED TREATMENT

American Academy of Addiction Psychiatry (AAAP)
202-393-4484
www.pcssmat.org

- Web-Based Buprenorphine Training
- Live Buprenorphine Training Information
- Buprenorphine/methadone/injectable naltrexone News
- Governmental Agency Links
- CME modules and webinars

www.pcss-o.org

- Safe Opioid Prescribing
- Mentoring Program
- Phone app on safe opioid prescribing
- Treatment guidelines
- CME modules and webinars

SAMHSA
1-866-BUP-CSAT
www.buprenorphine.samhsa.gov

- Drug Addiction Treatment Act of 2000
- Physician Waiver Qualifications
- How to Request a Waiver Form
- Frequently Asked Questions
- For More Information
- Buprenorphine Trainings

Medication Assisted Treatment
http://www.samhsa.gov/medication-assisted-treatment

So Remember:

- If you are offered buprenorphine (Suboxone) by a 'friend' and you are taking methadone or are addicted to heroin or prescription pain medicines, the buprenorphine in Suboxone will push the other opioids off of the receptors in your brain and you may have withdrawal and be very uncomfortable.
- If you dissolve and inject the buprenorphine/naloxone tablet or film; it may cause severe withdrawal because of the naloxone which is an opioid antagonist.
- If you are on methadone treatment and you wish to transfer to buprenorphine/naloxone (Suboxone), your dose has to be at 30 mg or less daily to switch.
- There have been deaths reported when buprenorphine is mixed with benzodiazepines (Xanax, Klonopin, Ativan, Halcion, Valium, Librium, Serax, etc). This has mainly occurred when the drugs are injected, but there is also risk in taking these drugs together in the way they are meant to be used. There is a risk of overdose when any narcotic drug is taken in combination with alcohol and/or other sedative drugs. If you drink excessively or take any of these drugs, either by prescription or on your own, buprenorphine may not be a good treatment for you.
- When you detox from opioids you lose tolerance or your ability to withstand the effects of opioids which puts you at risk for overdose. We will offer you a naloxone overdose antidote kit to provide emergency treatment should you experience an overdose.

If you have questions, ask your counselor or doctor or call the program at:

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Patient Information

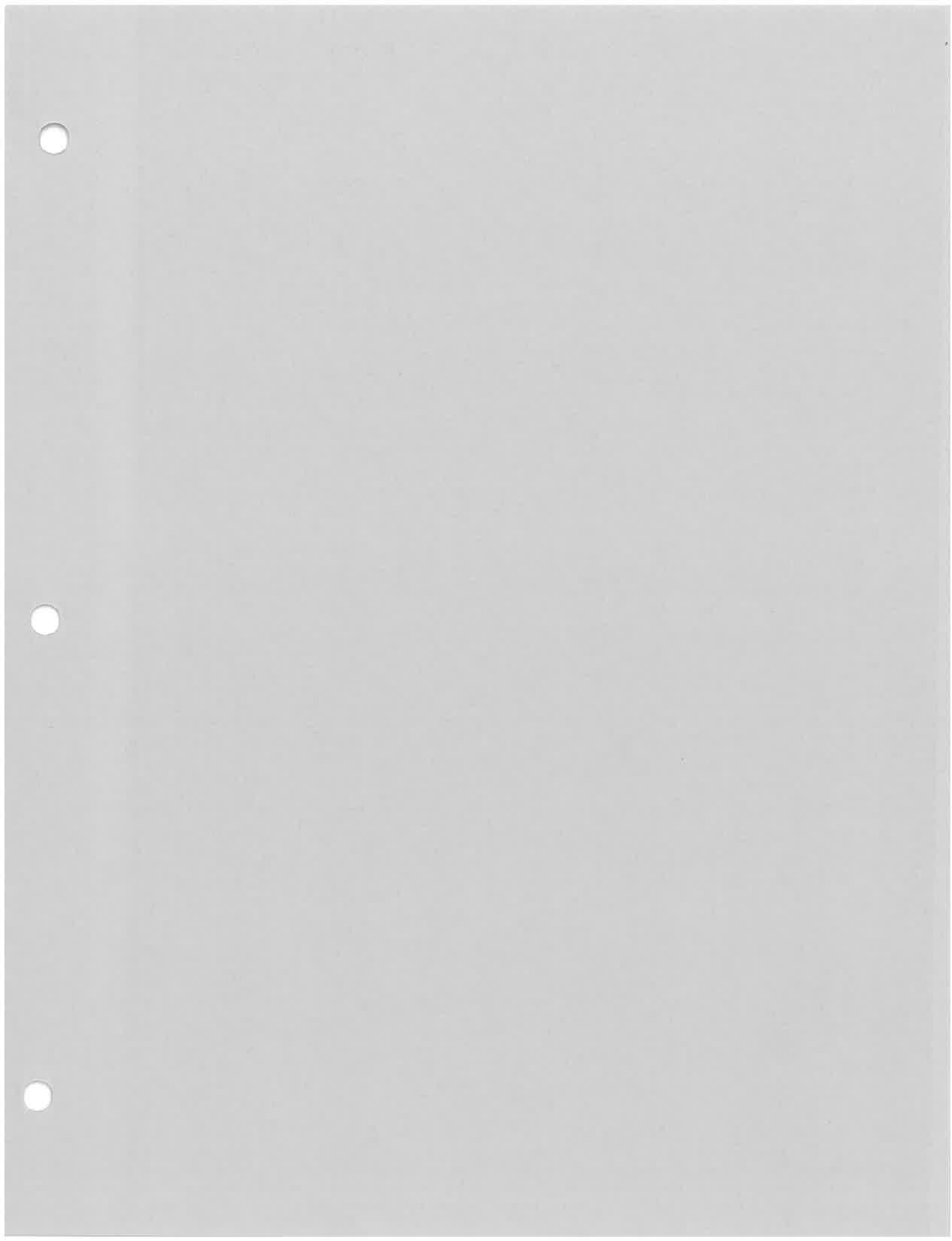
BUPRENORPHINE/NALOXONE INDUCTION (Treatment Days 1-2):

Starting buprenorphine/naloxone (buprenorphine) is a process that will occur over several days. During this time, you will report to the clinic each morning to begin taking buprenorphine. Please read the information and guidelines below before your appointment for buprenorphine induction:

Guidelines for buprenorphine induction:

- You must not use any heroin or prescription pain medicine after 5:00 pm on the day before you are scheduled to start buprenorphine induction. You will be evaluated by clinic staff for signs and symptoms of opiate withdrawal on the morning of your appointment and you will not be given any medication if withdrawal symptoms are not seen.
- You must report to the Eleanor Slater Substance Recovery Clinic at your scheduled appointment time on your first day of buprenorphine induction. The clinic is located on the first floor of the Regan Building in the Outpatient Clinic area at 111 Howard Ave, Cranston, RI 02920.
- You should plan to stay at the clinic for up to 2-3 hours on the first day of buprenorphine induction. The second visit will last approximately 30 minutes – 1 hour.
- You should arrange for transportation to and from the clinic so that you will not need to drive yourself (ie. arrange to have a friend or family member give you a ride or plan to take public transportation).

If you have any questions, please call the clinic at 401 462-3456 for clarification and/or additional information.



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POLICY/PROCEDURE

Buprenorphine Information for Family Members

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

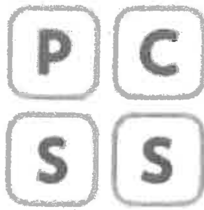
This informational packet is to be given to the patient's family members/significant others and provides information regarding buprenorphine treatment of addiction, specific information regarding buprenorphine/naloxone, its chemical attributes, and its possible interactions with other drugs and medications. This packet also provides information regarding ways the patient's family may be able to assist in their treatment and recovery.

PROCEDURE

Provide "Buprenorphine Information for Family Members" to patients electing buprenorphine/naloxone medication assisted treatment and their family members.

This packet is provided with permission from the Providers' Clinical Support System for Medication Assisted Treatment.

www.pcssmat.org



MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Buprenorphine/Naloxone Maintenance Treatment Information for Opioid Dependence

Information for Family Members

Family members of patients who have been prescribed buprenorphine/naloxone for treatment of opioid addiction often have questions about this treatment.

What is an opioid?

Opioids are narcotics (medicines that are used to treat pain, cough or opioid addiction and which produce drowsiness, fuzzy thinking, and euphoria in some). Opioids are in the same family as opium, morphine, and heroin. This includes many prescription pain medications, such as Codeine, Vicodin, Lortab or Lorcet, Demerol, Dilaudid, Morphine, MSContin, Oxycontin, and Percodan or Percocet. Methadone and buprenorphine are also opioids. Buprenorphine is the opioid medicine in Buprenorphine/naloxone that treats opioid addiction

Why are opioids used to treat addiction?

Many family members wonder why doctors use buprenorphine to treat opiate addiction, since it is in the same family as heroin. Some of them ask "Isn't this substituting one addiction for another?" But the medications used to treat addiction to heroin and prescription pain medications - methadone and buprenorphine are longer-acting than other opioids like heroin and so are not "just substitution." Many medical studies since 1965 show that maintenance treatment with these long-acting opioids helps keep patients healthier, keeps them from getting into legal troubles, and helps to prevent them from getting other diseases such as Hepatitis and/or HIV/AIDS.

What is Buprenorphine/naloxone?

Buprenorphine/naloxone is a tablet or strip that combines the opioid medication, buprenorphine, and naloxone, a medication called an opioid antagonist, for treatment of opioid dependence. Buprenorphine/naloxone is a medicine that is taken once daily by dissolving under the tongue. Naloxone is inactive (poorly absorbed) when taken this way. However, naloxone when injected by someone whose body is physically dependent on opioids will produce opiate withdrawal. In this way, the naloxone helps to prevent abuse of buprenorphine/naloxone by injection.

What is the right dose of Buprenorphine/naloxone?

Family members of patients who have been addicted to heroin or prescription opioids have watched as their loved ones use a drug that makes them intoxicated or 'high' or have watched the painful withdrawal that occurs when the drug is not available. Sometimes the family has not seen the 'normal' person for years. They may have seen the patient misuse doctors' prescriptions for opiate narcotics to get "high". They are rightly concerned that the patient might misuse or take too much of the buprenorphine/naloxone prescribed by the doctor. They may watch the patient and notice that the patient seems drowsy, or stimulated, or restless, and think that the buprenorphine/naloxone will be just as bad as heroin or other prescription opioids that the patient is abusing.

Every opioid can have stimulating or sedating effects, especially in the first weeks of treatment. Once a patient is stabilized on the correct dose of buprenorphine, the patient should not feel "high," and there should be no excessive sleepiness or intoxication. The "right" dose of buprenorphine/naloxone is the

one that allows the patient to feel and act normally. Most patients will need 12/3 mg (buprenorphine/naloxone) to 16/4 mg of buprenorphine/naloxone daily to achieve relief of opiate withdrawal symptoms and craving. Most patients can be inducted onto the buprenorphine/naloxone and stabilized within a few days. Occasionally it may take a little longer to find the right dose (up to a few weeks). During the period of dose adjustment, the buprenorphine level in the buprenorphine/naloxone may be too high, or too low, which can lead to withdrawal, daytime sleepiness, or trouble sleeping at night. The patient may ask that family members help keep track of the timing of these symptoms, and write them down. Then the doctor can use all these clues to adjust the amount and time of day for the buprenorphine/naloxone dose.

Once the right dose is found, it is important to take it on time in a regular way (once daily), so the patient's body and brain can work well.

How can the family support good treatment?

Even though maintenance treatment for opioid addiction works very well, it is NOT a cure. This means that the patient will continue to need the stable dose of buprenorphine/naloxone, with regular monitoring by the doctor. This is similar to other chronic diseases, such as diabetes or asthma. These illnesses can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. The best way to help and support the patient is to encourage regular medical care, and encourage the patient not to skip or forget to take the medication.

- **Regular medical care**

Patients will be required to see the physician for ongoing buprenorphine/naloxone treatment at least every two to four weeks, once they are stable. If they miss an appointment, they may not be able to refill the medication on time, and may even go into withdrawal, which could be uncomfortable. The patient will be asked to bring the medication container to each visit, and may be asked to give urine, blood or breath samples at the time of the visit. Sometimes the patient may be called in randomly to have their pills counted and/or to give a urine sample to test for the presence of other drugs or alcohol. This is a regular part of drug abuse treatment and is done for the patient's safety and to make sure that they are getting the treatment needed.

- **Special Medical Care**

Some patients may also need care for other needle-related problems, such as hepatitis or HIV disease. They may need to go for blood tests or see several physicians for these illnesses.

- **Counseling**

Patients who are recovering from addiction need counseling and other psychosocial treatments. The patient may have regular appointments with an individual counselor or be involved in group therapy. These appointments are key parts of treatment, and work together with the buprenorphine/naloxone to improve success in treatment for addiction. Sometimes family members may be asked to join in family therapy sessions which also are geared to improve addiction care.

- **Meetings**

Most patients use some kind of recovery group to maintain their sobriety. It sometimes takes several visits to different groups to find the right "home" meeting. In the first year of recovery some patients go to meetings every day, or several times per week. These meetings work to improve success in treatment, in addition to taking buprenorphine/naloxone. Family members may have their own meetings, such as Al-Anon, or ACA, to support them in adjusting to life with a patient who has addiction.

- **Taking the medication**

Buprenorphine/naloxone medication is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that this can take up to a few minutes. While the medication is dissolving, the patient will not be able to answer the phone, or the doorbell, or speak very easily. This means that the family will need to get used to the patient being "out of commission" for a few minutes whenever the regular dose is scheduled.

- **Storing the medication**

If buprenorphine/naloxone is lost or misplaced, the patient may skip doses or go into withdrawal, so it is very important to find a good place to keep the medication safely at home preferably in a locked cabinet or lock box - away from children or pets who can become seriously ill or even die if they accidentally take this medication. Always keep the medicine in the same location, so it can be easily found. The doctor may give the patient a few "backup" pills, in a separate bottle, in case an appointment has to be rescheduled, or there is an emergency of some kind. DO NOT put the buprenorphine/naloxone next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes buprenorphine/naloxone by mistake, he or she should be checked by a physician or taken to an emergency department immediately as serious adverse reactions can occur if someone who does not usually take this medicine were to take it by mistake.

What does buprenorphine/naloxone treatment mean to the family?

It is hard for any family when a member finds out he or she has a disease that is not curable. This is true for addiction as well. When chronic diseases go untreated, they have severe complications which can lead to disability and death. Fortunately, buprenorphine/naloxone maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes that the patient has to make to remain sober.

Chronic disease means the disease is there every day, and must be treated every day. This takes time and attention away from other things, and family members may resent the effort and time and money that it takes for buprenorphine/naloxone treatment and counseling. It might help to compare addiction to other chronic diseases, like diabetes or high blood pressure. After all, it takes time to make appointments to go to the doctor for blood pressure checks, and it may annoy the family if the food has to be low in cholesterol, or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or a stroke for their loved one.

Another very important issue for family members to know about is that addiction can be partly inherited. Research is showing that some persons have more risk for becoming addicted than others and that some of this risk is genetic. So when one member develops opioid addiction, it means that other blood relatives should consider themselves "at risk" of developing addiction. It is especially important for young people to know that alcohol or drugs at parties might be dangerous for them, even more than for most of their friends.

It is common for people to think of addiction as a weakness in character, instead of as a disease. Perhaps the first few times the person used drugs it was poor judgment. However, by the time the patient is addicted, using every day, and needing medical treatment, it should be considered to be a "brain disease" rather than a problem with willpower.

Sometimes when the patient improves and starts feeling normal, the family has to get used to the new "normal" person. The family interactions might have been all about trying to help this person in trouble, and now he or she is no longer in so much trouble. Some families can use some help themselves during this change and might ask for family therapy for a while.

In summary:
Family support can be very helpful to patients on buprenorphine/naloxone treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care. It also helps if the family gets to know about how the medication works and how it should be stored at home to keep it safe. Family life might have to change to allow time and effort for "recovery work" in addiction treatment. Sometimes family members themselves can benefit from therapy.

Buprenorphine/naloxone (Buprenorphine/naloxone) Maintenance Treatment/Family Information Guide
Revised 09/25/10

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POLICY/PROCEDURE

More Information about Medication Assisted Treatment

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Approved:
Amended:

POLICY

This informational sheet provides contact information for the American Academy of Addiction Psychiatry and the Substance Abuse and Mental Health Services Administration to provide additional informational resources for patients.

PROCEDURE

This information should be provided as part of the orientation to the clinical program so that patients can consider all medication assisted treatments prior to making their decision on a plan of care.

FOR MORE INFORMATION ABOUT BUPRENORPHINE

AAAP
202-393-4484
www.aaap.org/buprenorphine/buprenorphine.html

- Web-Based Buprenorphine Training
- Live Buprenorphine Training Information
- Buprenorphine News
- Governmental Agency Links

SAMHSA
1-866-BUP-CSAT
www.buprenorphine.samhsa.gov

- Drug Addiction Treatment Act of 2000
- Physician Waiver Qualifications
- How to Request a Waiver Form
- Frequently Asked Questions
- For More Information
- Buprenorphine Trainings

Medication Assisted Treatment
http://www.samhsa.gov/medication-assisted-treatment